

# Employer registration form for Sole Trader/Partnership

This form must be completed in full for Scheme registration. (Please complete in BLOCK CAPITALS).

Name of Firm: \_\_\_\_\_

Trading Name: \_\_\_\_\_

Business type: (tick one) Partnership  Sole trader

Principal Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Correspondence Address: \_\_\_\_\_  
if different from Business Address

Date Registered in CWPS: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contact name: \_\_\_\_\_ Position: \_\_\_\_\_

Have you or any of your business partner(s) ever been a Director or Proprietor of a business previously registered in CWPS?

Yes  No

If yes, please give name and address of business: \_\_\_\_\_  
\_\_\_\_\_

## This application must be accompanied by:

- Deed of Adherence
- New Member Registration Forms   
*for each employee*
- Form with your bank details

Signature: \_\_\_\_\_ Position: \_\_\_\_\_

**For office use only** Employer ID number: \_\_\_\_\_ Employer set up date: \_\_\_\_\_

Deed received:  Employee registration:  Bank details form: